## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
SENATE CONSERVATIVES FUND	
	C C00448696
Check If 24-hour report  48-hour report  New report  Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	te
Red Sea LLC	M M / D D / Y Y Y Y
Mailing Address 4550 Montgomery Ave.	01 17 2012
Ste. 906	nount
City State Zip Code	500000.00
Bethesda MD 20814	saction ID : SE.4200
Purpose of Expenditure Category/ Office Sc	<u> </u>
lype	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President Oppose
RAFAEL EDWARD TED CRUZ  Check O	ne: Support Oppose
Calendar Year-To-Date Per Election Disbursel	ment For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	te
SENATE CONSERVATIVES FUND	M M / D D / Y Y Y Y
Mailing Address 228 S. WASHINGTON ST., STE. 115	12 10 2011
	nount
City State Zip Code	344.95
	nsaction ID : SE.4201
Purpose of Expenditure IE-Cruz-Online Processing Category/ Type 003	V Sanata
	President District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:  RAFAEL EDWARD TED CRUZ  Check O	ne: Support Oppose
Dishuras	ment For: Y Primary General
Calendar Year-To-Date Per Election for Office Sought  Disburser  0.00	<b>✓</b> , □
ioi omoc oodgiit	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	500344.95
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) God to the children and the children	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Lisa Lisker	/ D D / Y Y Y Y Y
[Electronically Filed] Date 01	19 2012
Signature	